. 1941 1541 110 51.7	V 99 AARE	THE DIVISIO						10	L51	
I IET D MAN	Y 23 1955	STANDARD	CERTIF	ICATE O	DEATH	Stat	e File No	LUL	LOT	
BIRTH NO		_ REG. DIST. NO	254	PRIMARY REG.	DIST. NO.	4325 Kea	istrar's No	3	0	
I. PLACE OF DEA	TH				RESIDENCE	(Where deceased	lived. If ins	titution: re	sidence befo	
a. COUNTY C	Oregon	•		a. STATE	Misseuri	ь. сс	YTHUC	Oregon	adminsion 	
b. CITY (If outside cor			LENGTH OF	c. CITY (II o	utside corporate lin	ilte, write RURAL	and give town	uhip) 7	50	
OR TOWN K⊕s	shkeneng		Y (in this place) Life	TOWN	Keshker	ONE		0		
d. FULL NAME OF (I HOSPITAL OR INSTITUTION	If not in hospital or i	estitution, give street addre	or location)	d. STREET ADDRESS	(If eur	al, give location)			0	
3. NAME OF	a. (First)	b. (Mid	ldle)	c, (La	st)	4. DATE	(Month)	(Day)	(Year)	
DECEASED (Type or Print)	Jacob	Edw	erd	Threl	keld	DEATH	May 1	0, 19	55	
5, SEX , 6.	COLOR OR RACE	7. MARRIED, NEVER WIDOWED, DIVORG	MARRIED,	8. DATE OF B	IRTH	9. AGE (In y	ears of UNDER	I TEAR IF	DEDER M HEL	
Female	White	Single	CD (openiy)	11-5-1	998	46	6	<u> </u>		
Da. USUAL OCCUPATIO	N (Cilve kind of work	10b. KIND OF BUSIN	NESS OR IN-	11. BIRTHPLA	CE (City and St	ate or Foreign C	watry)	12. CITIZ COUNT	EN OF WHA	
done during most of working life, even if retired)		Farming		Keshkeneng, M		Misseuri	isseuri O		USA	
3a. FATHER'S NAME		13b. MOTHE	R'S MAIDEN			AME OF HUSBA	ND OR WIF			
William G.	Threlkeld	Mary	F. Shef	ler						
. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SOCIAL	SECURITY	17. INFORM	MANT'S SIG	NATURE OR	NAME	A	DDRESS	
Yee, no, or unknown) (If	Werld War	of service)	NO.	Mar	y F. Thre	lkeld -	Keshke	nong,	Me.	
8. CAUSE OF DEATH		V	MEDICAL C	ERTIFICAT	ION			I INTERV	AL BETWEEN AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR C DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	C•	remary 1	hr•mb•si	s	<u>,</u>		AND DEATH	
	ANTECEDENT C	AUSES								
*This does not mean he mode of dring, such		s, if any, giving DUE TO	(b)					-		
	I THE TO THE GOODE O	uuse (u) muunig	•		-					
tc. It means the dis-	rise to the above of the underlying ca	uuse (u) muunig) (c)						· ·.	
etc. It means the dis- ease, injury, or complica-	the underlying co	DUE TO					- · · · · ·	-	· ·.	
etc. It means the dis- ease, injury, or complica-	the underlying car II. OTHER SIGNI Conditions contri	use last. DUE TO	,							
tc. It means the dis- ass, injury, or complica- ion which caused death.	the underlying car II. OTHER SIGNI Conditions contri related to the disea	puse last. DUE TO FICANT CONDITIONS buting to the death but not	t eath	2	• • • • • • • • • • • • • • • • • • • •			20. AUT		
ctc. It means the dis- ease, injury, or complica- tion which caused death.	the underlying car II. OTHER SIGNI Conditions contri related to the disea	puse last. DUE TO FICANT CONDITIONS buting to the death but not use or condition causing d	t eath				201	YES	NO F	
tc. It means the dis- ess, injury, or complica- ion which caused death. 19a. DATE OF OPERA- TION	the underlying car II. OTHER SIGNI Conditions contri related to the disea	DUE TO FICANT CONDITIONS buting to the death but not use or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY	eath.	21c. (CITY, TO	OWN, OR TOWNS		2-0 /	YES		
tc. It means the dis- ess, injury, or complica- ion which caused death. 19a. DATE OF OPERA- TION	II. OTHER SIGNI Conditions contri related to the disect	DUE TO DUE TO FICANT CONDITIONS buting to the death but not use or condition causing d DINGS OF OPERATION	eath.	21c. (CITY, TO	OWN, OR TOWNS			YES	No E	
c. It means the dis- use, injury, or compilea- on which caused death. Da. DATE OF OPERA- TION I.A. ACCIDENT SUICIDE HOMICIDE	the underlying car II. OTHER SIGNI Conditions contri related to the dises 19b. MAJOR FIN (Specity)	DUE TO DUE TO FICANT CONDITIONS buting to the death but no use or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY bome, farm, factory, street, (Hour) 21e. INJURY	(e.g., in or about office bidg., esc.)		OWN, OR TOWNS	HIP) (YES	No E	
ite. It means the dis- case, injury, or complica- cion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE	the underlying car II. OTHER SIGNI Conditions contri related to the dises 19b. MAJOR FIN (Specity)	DUE TO FICANT CONDITIONS buting to the death but not use or condition causing d. DINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street, (Hour) 21e. INJURY WHILE AT	(e.g., in or about office bidg., see.)			HIP) (YES	No E	
tc. It means the dis- ase, injury, or complica- ion which caused death. 9a. DATE OF OPERA- TION 11a. ACCIDENT SUICIDE HOMICIDE 11d. TIME (Month) OF INJURY	II. OTHER SIGNI Conditions contri related to the disect 19b. MAJOR FIN (Specity) (Day) (Year)	DUE TO FICANT CONDITIONS buting to the death but not use or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, etreet, (Hour) 21e. INJURY WHILE AT WORK The deceased from	(e.g., in or about office bidg., see.) OCCURRED NOT WHILE AT WORK	21f. HOW DID	INJURY OCCUP	HIP) (COUNTY)	ves (S	NO (
etc. It means the dis- ease, injury, or compilea- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify the	II. OTHER SIGNI Conditions contri related to the disect 19b. MAJOR FIN (Specity) (Day) (Year)	DUE TO FICANT CONDITIONS buting to the death but not use or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, etreet, (Hour) 21e. INJURY WHILE AT WORK The deceased from	(e.g., in or about office bidg., see.) OCCURRED NOT WHILE AT WORK	21f. HOW DID	INJURY OCCUP	HIP) (COUNTY)	ves (S	NO E	
etc. It means the dis- ease, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	II. OTHER SIGNI Conditions contri related to the disect 19b. MAJOR FIN (Specity) (Day) (Year)	DUE TO FICANT CONDITIONS buting to the death but no use or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY bome, farm, factory, street, (Hour) 21e. INJURY WHILE AT WORK the deceased from , and that death	(e.g., in or about office bidg., see.) OCCURRED NOT WHILE AT WORK	21f. HOW DID	injury occur to from the cau	HIP) (COUNTY)	yes (S	NO FITATE)	
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22I hereby certify to align on	II. OTHER SIGNI Conditions contri related to the disect 19b. MAJOR FIN (Specity) (Day) (Year)	DUE TO DUE TO FICANT CONDITIONS buting to the death but no use or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY bome, farm, factory, street, (Hour) 21c. INJURY WHILE AT WORK the deceased from , and that death (De	COCCURRED NOT WHILE AT WORK COCCUTTED AT WORK COC	21f. HOW DID	INJURY OCCUP	HIP) (that I la	st saw the dabove.	NO F	
etc. It means the discess, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22I hereby certify to align on 23a. SIGNATURE	II. OTHER SIGNI Conditions contri related to the disect (Bpecity) (Day) (Year) that I attended 19	DUE TO DUE TO FICANT CONDITIONS buting to the death but no use or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY bome, farm, factory, street, (Hour) 21c. INJURY WHILE AT WORK the deceased from , and that death (De	COCCURRED NOT WHILE AT WORK COCCUTTED AT WORK COC	21f. HOW DID	injury occur to from the cau	HIP) (that I la	st saw the dabove.	NO F	
etc. It means the discase, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE 21d. TIME (Month) OF INJURY 22I hereby certify to align on 23a. SIGNATURE	II. OTHER SIGNI Conditions contri related to the disect (Bpecity) (Day) (Year) that I attended 19	DUE TO FICANT CONDITIONS buting to the death but notes or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY home, farm, factory, street, (Hour) 21e. INJURY WHILE AT WORK the deceased from and that death (De 24c. NAME	COCCURRED NOT WHILE AT WORK COCCUTTED AT WORK COC	21f. HOW DID	INJURY OCCUP	HIP) (that I lade date state	st saw thed above.	e decease	
etc. It means the discase, injury, or complication which caused death. 19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22 I hereby certify the alignon Standard Company Suicide Compa	II. OTHER SIGNI Conditions contri related to the disease (Specify) (Day) (Tear) that I attended 19 LABORE 19 LABORE 19 LABORE 10 LABORE 10 LABORE 10 LABORE 11 LABORE 11 LABORE 12 LABORE 12 LABORE 11 LABORE 12 LABORE 13 LABORE 14 LABORE 15 LABORE 16 LABORE 17 LABORE 18 LAB	DUE TO FICANT CONDITIONS buting to the death but not see or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY borne, farm, factory, etreet, (Hour) 21e. INJURY WHILE AT WORK the deceased from , and that death (De 24c. NAME 955 Kesh	(a.g., tn or about office bidg., esc.) OCCURRED NOT WHILE AT WORK occurred at page or title) OF CEMETER	21f. HOW DID 19 , , , , , , , , , , , , , , , , , , ,	INJURY OCCUP	ees and on the	that I lade date state	st saw thed above.	e deceased	
etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22 I hereby certify to align on 23a. SIGNATURE 24a. BURIAL, CREMA TION, REMOVAL (Specity BURIAL)	II. OTHER SIGNI Conditions contri related to the disease (Specify) (Day) (Tear) that I attended 19 LABORE 19 LABORE 19 LABORE 10 LABORE 10 LABORE 10 LABORE 11 LABORE 11 LABORE 12 LABORE 12 LABORE 11 LABORE 12 LABORE 13 LABORE 14 LABORE 15 LABORE 16 LABORE 17 LABORE 18 LAB	DUE TO FICANT CONDITIONS buting to the death but not see or condition causing d DINGS OF OPERATION 21b. PLACE OF INJURY borne, farm, factory, etreet, (Hour) 21e. INJURY WHILE AT WORK the deceased from , and that death (De 24c. NAME 955 Kesh	(a.g., tn or about office bidg., esc.) OCCURRED NOT WHILE AT WORK occurred at page or title) OF CEMETER	21f. HOW DID 19 , , , , , , , , , , , , , , , , , , ,	to	ees and on the	that I lade date state	st saw thed above.	e deceased	

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STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-

Licensed Embalmer No....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.